

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90253 039 ***150.00

DOCUMENT # Carpet Design of Central Florida, Inc
1. Corporation Name
V 42717 ✓

Principal Place of Business Mailing Address
CARPET DESIGN OF CENTRAL FLORIDA, INC
530 LAKE KATHRYN CIRCLE
CASSELBERRY, FLORIDA 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 Above

Suite, Apt. #, etc.

22

City & State

23 Casselberry

Zip

24 32707

Country

25 Seminole

2a. Mailing Address

26 530 LAKE KATHRYN CIRCLE

Suite, Apt. #, etc.

27

City & State

28 FLA

Zip

29

4. FEI Number

59-3131470

Suite, Apt. #, etc.

27

City & State

28 FLA

Zip

30

4. FEI Number

59-3131470

Suite, Apt. #, etc.

27

City & State

28 FLA

Zip

30

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing

5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

Royce & Kathleen Jackson
530 W. Kathryn Circle
Casselberry, FL 32707

10. Name and Address of New Registered Agent

81 Name Kathleen B. Jackson
82 Street Address (P.O. Box Number is Not Acceptable)
530 Lake Kathryn Circle
83
84 City Casselberry FL 85 Zip Code 32707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Kathleen B. Jackson

4/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE V.P. DELETE

NAME Kathleen Jackson

STREET ADDRESS

CITY-ST-ZIP

TITLE Pres. DELETE

NAME Royce E. Jackson

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen B. Jackson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99 407-6950228

CR2E034 (11/98)